

United States

Environmental Protection Agency

Washington, DC 20460

Form Approved OMB No. 2070-0060 Approval Expires 02-28-95

Date July 30, 1997

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Certification with Respect to Citation of Data

Applicants Name and Address

Pin Nip Inc. P.O. Box 860 Meridian, ID 83680 EPA File Symbol/Registration Number 65726-2

Product Name Pin Nip Technical Chlorpropham

Date of Application Application for Reregistration dated July 30, 1997

NOTE: If your product is a 100% repackaging of another EPA-registered product that you purchase, and is labeled for the same uses, you do not need to submit this form. You must submit the Formulator's Exemption Statement (EPA Form 8570-27).

I.	indicated, this application is supported by all data submitted or cited in the application. In addition, if indicated, this application is supported by all data in the Agency's files that concern the propoduct that is identical or substantially similar and that is one of the types of data that wou submitted if this application sought the initial registration of a product of identical or simil intended uses under the data requirements in effect on the date of approval of this application boxes, in items 2 and 3, or 4 below that pertain to your application.)	perties or effects ild be required to l ar composition a	of this be dd
2.	I certify that, for each study cited in support of this application for registration that is an ex-	clusive use study.	• •••
	I am the original submitter*; or		• :::
	I have obtained the written permission of the original submitter for		which is
	(for multiple chemicals link the companies who are with the appropriate chemical name) to cite that study*		aitters
3.	I certify that, for each study cited in support of this application for registration that is not a	n exclusive use stu	ıdy;
	a. I am the original data submitter*; or		
	I have obtained the written permission of the original data submitter for	e of chemical)	which is bmitters
	b. X I have notified in writing the companies the Chlorpropham Task Force for chlorpropham (insert names of companies) (insert names n	me of chemical) Pay compensation ticide, Fungicide a	and
	Companies Atochem North (insert names of companies) (insert name of companies) (insert name of chemical)	v product	
	chemicals link the companies who are original data submitters with the appropriate c that have submitted the studies which I have cited (Selective method*).	hemical name)	
4.	I certify that for each study cited in support of this application I am not required to obtain written permission because all time periods for exclusive use and data compensation.	ffer data compens sation have expire	ation or ad.
	* A Data Matrix identifying these studies is attached. (Note: a Data Matrix is not required a	under the cite all	mothod

Edgar R. Butts Regulatory Consultant

General Offer to Pay: Thereby offer and agree to pay compensation to other persons, with

Name and Title Edgar & Butts
REGULATORY CONSULT

Name and Title

Signature Walfar & Butt

Signature 4